

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request
EPA\Office of Enforcement and Compliance Assurance\Office of Compliance

2. OMB control number b. **G** None
a_2_0 6_0_ - _0_1 2_2_ _ _ _ _ _ _ _ _

3. Type of information collection (*check one*)
a. **G** New collection
b. **G** Revision of a currently approved collection
c. **X G** Extension of a currently approved collection
d. **G** Reinstatement, **without change**, of a previously approved collection for which approval has expired
e. **G** Reinstatement, **with change**, of a previously approved collection for which approval has expired
f. **G** Existing collection in use without an OMB control number

4. Type of review requested (*check one*)
a. **X G** Regular
b. **G** Emergency - Approval requested by: ____/____/____
c. **G** Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? **G** Yes **X G** No

For b-f, note item A2 of Supporting Statement Instructions

6. Requested expiration date
a. **X G** Three years from approval date b. **G** Other Specify: ____/____/____

7. Title
NSPS for Coal Preparation Plants - Subpart Y

8. Agency form number(s) (*If applicable*)
ICR# 1062.07

9. Keywords
Coal preparation, particulate matter, opacity

10. Abstract

This standard requires owners and operators of coal preparation plants to keep records and make reports to the Administrator. The records and reports enable the Administrator to determine the best demonstrated control technology is installed and properly operated and maintained.

11. Affected public (*Mark primary with "P" and all others that apply with "X"*)
a. __ Individuals or households d. __ Farms
b. **X** Business or other for-profit e. __ Federal Government
c. __ Not-for-profit institutions f. __ State, Local or Tribal Government

12. Obligation to respond (*Mark primary with "P" and all others that apply with "X"*)
a. **G** Voluntary
b. **G** Required to obtain or retain benefits
c. **PG** Mandatory

13. Annual reporting and recordkeeping hour burden
a. Number of respondents 390

b. Total annual responses 390

 1. Percentage of these responses
 collected electronically 0 %
c. Total hours requested 15463

-
d. Current OMB inventory 18729

e. Difference -3266
f. Explanation of difference
 1. Program Change 0
 2. Adjustment -3266

14. Annual reporting and recordkeeping cost burden (*in thousands of dollars*)
a. Total annualized capital/startup costs \$1
b. Total annual costs (O&M) \$14
c. Total annualized cost requested \$15
d. Current OMB inventory \$14
e. Difference \$1
f. Explanation of difference
 1. Program change \$0
 2. Adjustment \$1

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually 8. <input checked="" type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u> Dan Chadwick </u></p> <p>Phone: <u> (202) 564-7054 </u></p>